

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-922)**

SERIAL NO. **10-630138** PAGE 5
APPLICANT'S

	AS FILED		AFTER REPLACEMENT		AFTER REPLACEMENT		CLAIMS	NO.	NO.	NO.	NO.
	IND.	DEF.	IND.	DEF.	IND.	DEF.					
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TOTAL IND.	2		1								
TOTAL DEF.	42		27								
TOTAL CLAIMS	44		28								